Revision: ECFA-PM- 91-10 DECEMBER 1991 (MB)

State/Territory:

MONTANA

Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

4.14 Utilization/Quality Control

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

- By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 452. The contract with the PRO-
 - (1) Meets the requirements of \$434.6(a);
 - (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - (3) Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
- Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by EMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.
- By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

1902(a)(30)(c) and 1902(d) of the Act, P.L. 99-509 (section 9431)

IN No. 92-14 Supersedes TN No. 89(10)02

Approval Date 4/14/92 Effective Date 1/192

Revision: HCFA-PM-85-3

(BERC)

MAY 1985

State: Montana

4.14

OMB NO. 0938-0193

Citation 42 CFR 456.2 50 FR 15312

- (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.
 - /X/ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
 - // Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:
 - /// All hospitals (other than mental hospitals).
 - /// Those specified in the waiver.
 - // No waivers have been granted.



Vo. 83(10)13ersedes No. 83(10)08

Approval Date _____

Effective Date

Revision:	HCFA-PM-85-7 State/Territory:	(BERC)		OMB	No.:	0938-0193
JULY 1985			_		reis	
Citation 42 GFR 456 50 FR 1531	6.2	of of	The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental cospitals.			
		<i>_</i>	Utilization and medical performed by a Utilization Control Peer Review Organ under 42 CFR Part 462 the with the agency to perform	on a niza at h	nd Qua tion d as a c	lity esignated ontract
			Utilization review is per accordance with 42 CFR Per that specifies the condi- of the requirements of St	ert d	156, S s of a	ubpart H, waiver
			// All mental hospitals	•		
			// Those specified in the	Je W	iver.	
		A	No waivers have been gran	sted.		
			applicable. Inpatient so pitals are not provided un			

TH No. 86(10)10 Supersedes

TH No. <u>85(10)13</u>

Approval Date 5/8/86 Effective Date 4/1/86

Revision: HCFA-PM-85-3

(BERC)

MAY 1985

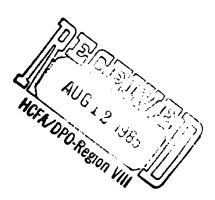
State: Montana

OMB NO. 0938-0193

Citation 42 CFR 456.2 50 FR 15312

4.14

- (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.
 - /X/ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
 - / / Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:
 - / / All skilled nursing facilities.
 - // Those specified in the waiver.
 - /// No waivers have been granted.



TN No. 85(10)13

persedes No. 83(10)03 Approval Date _____

Bffective Date 4-1-85

Revision: HCFA-PM-85-3

(BERC)

MAY 1985

State: Montana

OMB NO. 0938-0193

Citation 42 CFR 456.2 50 FR 15312

- 4.14 $\sqrt{\chi}$ (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
 - // Facility-based review.
 - /// Direct review by personnel of the medical assistance unit of the State agency.
 - // Personnel under contract to the medical assistance unit of the State agency.
 - /X/ Utilization and Quality Control Peer Review Organizations.
 - // Another method as described in ATTACHMENT 4.14-A.
 - / / Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
 - // Not applicable. Intermediate care facility services are not provided under this plan.



TN No. 85(10)13Supersedes

TN No. 83(10)08

Approval Date

Effective Date 4-1-85

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State/Territory:

Montana

Citation

1902(a)(30) and 1902(d) of the Act, P.L. 99-509 (Section 9431) P.L. 99-203 (section 4113)

4.14 Utilization/Quality Control (Continued)

- (f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:
 - A Utilization and Quality Control Peer Review Organisation designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
 - . Amprivate accreditation body.
 - An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

IN No. IN No. 97-14 Supersedes IN NO. 87(10)11

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